

Comparison of Data Elements for IP, ED, and AS

~ Bold text reflects differences from current IP data collection ~

| Inpatient Data Elements (OSHDP Proprietary Standards) | ED and AS Data Elements (Consistent with the National Standards) |
|---|---|
| <u>Type of Care</u> – 1 digit – numeric 1 = Acute 3 = Skilled Nursing/Intermediate Care 4 = Psychiatric 5 = Chemical Dependency 6 = Physical Rehabilitation | Not Applicable The ED and AS records will be submitted in separate files, i.e. ED file, AS file. |
| <u>Hospital Identification Number</u> – 6 digits – numeric OSHPD assigned number | <u>Facility Identification Number</u> – 6 digits – numeric OSHPD assigned number |
| <u>Abstract Record Number</u> – 12 digits – alphanumeric Facility assigned number for retrieval and correction | <u>Abstract Record Number</u> – 12 digits – alphanumeric Facility assigned number for retrieval and correction |
| <u>Patient's Social Security Number</u> – 9 digits – numeric Patient's own SSN Unknown SSN = 000000001 | <u>Patient's Social Security Number</u> – 9 digits – numeric Patient's own SSN Unknown SSN = 000000001 |
| <u>Date of Birth</u> – 8 digits – numeric mmddccyy = for online file submission mmddccyy = for web entry record Unknown date = estimate year, 00 for month, 00 for day | <u>Date of Birth</u> – 8 digits – numeric ccyyymmdd = for online file submission mmddccyy = for web entry record Unknown date = estimate year, 01 for month, 01 for day |

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| <p><u>Sex</u> – 1 digit – numeric</p> <p>1 = Male 2 = Female 3 = Other 4 = Unknown</p> | <p><u>Sex</u> – 1 digit – alpha</p> <p>M = Male F = Female U = Unknown</p> |
| <p><u>ZIP Code</u> – 5 digits - alphanumeric</p> <p>Patient's residence, first five digits If city is known, partial ZIP Code acceptable with first three known digits and the last two digits as 00 XXXXXX = Unknown ZIP Code YYYYYY = Foreign ZIP Code ZZZZZZ = Homeless ZIP Code</p> | <p><u>ZIP Code</u> – 5 digits - numeric</p> <p>Patient's residence, first five digits (No Partial ZIPS) 99999 = Unknown ZIP Code</p> |
| <p><u>Race</u> – 1 digit – numeric</p> <p>1 = White 2 = Black 3 = Native American/Eskimo/Aleut 4 = Asian/Pacific Islander 5 = Other 6 = Unknown</p> | <p><u>Race</u> – 2 digits – alphanumeric</p> <p>R1 = American Indian or Alaska Native R2 = Asian R3 = Black or African American R4 = Native Hawaiian or Other Pacific Islander R5 = White R9 = Other Race 99 = Unknown (report to OSHPD if race is unknown)</p> |

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|--|--|
| <u>Ethnicity</u> – 1 digit – numeric 1 = Hispanic 2 = Non-Hispanic 3 = Unknown | <u>Ethnicity</u> – 2 digits – alphanumeric E1 = Hispanic or Latino E2 = Non-Hispanic or Non-Latino 99 = Unknown (report to OSHPD if ethnicity is unknown) |
| <u>Admission Date</u> – 8 digits – numeric mmddccyy = for online file submission mmddccyy = for web entry record | Not Applicable |
| Not applicable | <u>Service Date</u> – 8 digits – numeric (start of care) ccyyymmdd = for online file submission mmddccyy = for web entry record |
| <u>Discharge Date</u> – 8 digits – numeric mmddccyy = for online file submission mmddccyy = for web entry record | Not Applicable |
| <u>Principal Diagnosis</u> – 5 digits – alphanumeric ICD-9-CM code | <u>Principal Diagnosis</u> – 7 digits – alphanumeric ICD-9-CM code |

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| <u>Other Diagnosis</u> – 5 digits – alphanumeric ICD-9-CM codes Up to 24 other diagnoses | <u>Other Diagnosis</u> – 7 digits – alphanumeric ICD-9-CM codes Up to 24 other diagnoses |
| <u>Principal Diagnosis</u> <u>Condition Present at Admission</u> – 1 digit – alpha Y = Yes N = No U = Uncertain | Not Applicable |
| <u>Other Diagnosis</u> <u>Condition Present at Admission</u> – 1 digit – alpha Y = Yes N = No U = Uncertain | Not Applicable |
| <u>External Cause of Injury</u> - 5 digits – alphanumeric ICD-9-CM codes using the E-codes Principal and four other external causes of injury, including place of occurrence = total of 5 causes | <u>Principal External Cause of Injury</u> – 7 digits – alphanumeric ICD-9-CM code using the E-codes Principal external cause of injury |

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| <u>See previous page for External Cause of Injury</u> | <u>Other External Cause of Injury</u> – 7 digits – alphanumeric ICD-9-CM codes using the E-codes Up to 4 other external causes Other external causes of injury, including place of occurrence |
| <u>Principal Procedure</u> – 4 digits – alphanumeric ICD-9-CM code | <u>Principal Procedure</u> – 5 digits – alphanumeric CPT-4 code |
| <u>Principal Procedure Date</u> – 8 digits – numeric mmddccyy = for online file submission mmddccyy = for web entry record | Not Applicable |
| <u>Other Procedures</u> – 4 digits – alphanumeric ICD-9-CM codes Up to 20 other procedures | <u>Other Procedures</u> – 5 digits – alphanumeric CPT-4 codes Up to 20 other procedures |
| <u>Other Procedure Dates</u> – 8 digits – numeric mmddccyy = for online file submission mmddccyy = for web entry record | Not Applicable |

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| Inpatient Data Elements (OSHPD Proprietary Standards) | ED and AS Data Elements (Consistent with the National Standards) |
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| <p><u>Prehospital Care and Resuscitation</u> (DNR Order) – 1 digit – alpha</p> <p>Y = Yes N = No</p> | <p>Not Applicable</p> |
| <p><u>Total Charges</u> – 7 digits – numeric</p> <p>Based on hospital's full established rates Exclude hospital-based physician fees Whole dollars only Rounded to the nearest dollar No charges = \$1 0000000 – 9999999 If more than 365 days, total charges for final 365 days are to be reported.</p> | <p>Not Applicable</p> |
| <p><u>Type of Admission</u> – 1 digit – numeric</p> <p>1 = Scheduled 2 = Unscheduled 3 = Infant, under 24 hours old 4 = Unknown</p> | <p>Not Applicable</p> |

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| Inpatient Data Elements (OSHPD Proprietary Standards) | ED and AS Data Elements (Consistent with the National Standards) |
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| <p><u>Source of Admission</u> – see breakdown below:</p> <p>Site – 1 digit – numeric</p> <ul style="list-style-type: none"> 1 = Home 2 = Residential Care Facility 3 = Ambulatory Surgery 4 = Skilled Nursing/Intermediate Care 5 = Acute (Inpatient) Hospital Care 6 = Other (Inpatient) Hospital Care 7 = Newborn 8 = Prison/Jail 9 = Other <p>Licensure of Site – 1 digit – numeric</p> <ul style="list-style-type: none"> 1 = This Hospital 2 = Another Hospital 3 = Not a Hospital <p>Route of Admission – 1 digit – numeric</p> <ul style="list-style-type: none"> 1 = Your Emergency Room 2 = Not Your Emergency Room | <p>Not Applicable</p> |

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| Inpatient Data Elements (OSHPD Proprietary Standards) | ED and AS Data Elements (Consistent with the National Standards) |
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| <p><u>Disposition of Patient</u> – 2 digits – numeric</p> <p>01 = Routine discharge 02 = Acute care within this hospital 03 = Other type of hospital care within this hospital 04 = Skilled nursing/intermediate care within this hospital 05 = Acute care at another hospital 06 = Other type of hospital care at another hospital (not skilled nursing/intermediate care) 07 = Skilled nursing/Intermediate care elsewhere 08 = Residential care facility 09 = Prison/Jail 10 = Against medical advice 11 = Died 12 = Home health service 13 = Other</p> | <p><u>Disposition of Patient</u> –2 digits – alphanumeric</p> <p>(All codes and descriptions are different from IP.)</p> <p>(Selected national standards applicable to ED and AS settings)</p> <p>01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to a short term general hospital for inpatient care 03 = Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification 04 = Discharged/transferred to an intermediate care facility (ICF) 05 = Discharged/transferred to a non-Medicare PPS children's hospital or a non-Medicare PPS cancer hospital for inpatient care 06 = Discharged/transferred to home under care of organized home health service organization 07 = Left against medical advice or discontinued care 08 = Discharged/transferred to home under care of a Home Intravenous (IV) provider 20 = Expired 43 = Discharged/transferred to a federal health care facility 50 = Discharged home with hospice care 51 = Discharged to a medical facility with hospice care</p> |

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| <u>Disposition of Patient</u> – 2 digits – numeric (continued) | <p>61 = Discharged/transferred to a hospital-based Medicare approved swing bed</p> <p>62 = Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital</p> <p>63 = Discharged/transferred to a Medicare certified long term care hospital (LTCH)</p> <p>64 = Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare</p> <p>65 = Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</p> <p>00 = Other (report to OSHPD if site is not specified above)</p> |

Expected Changes for 2006 upon adoption in the regulations (changes in red)

Code 03: Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care

Code 05: Discharged/transferred to another type of institution not defined elsewhere in this code list

Code 06: Discharged/transferred to home under care of organized home health organization in anticipation of covered skilled care

Code 08: Discharged/transferred to home under care of a Home Intravenous (IV) provider (to be deleted for service date on or after 10/1/05).

Code 66: Discharged/transferred to Critical Access Hospital (CAH) (NUBC's effective date is service date on or after 1/1/06)

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| Inpatient Data Elements (OSHPD Proprietary Standards) | ED and AS Data Elements (Consistent with the National Standards) |
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| <p><u>Expected Source of Payment</u> – See breakdown below:</p> <p><u>Payer Category</u> – 2 digits – numeric</p> <ul style="list-style-type: none"> 01 = Medicare 02 = Medi-Cal 03 = Private Coverage 04 = Workers' Compensation 05 = County Indigent Programs 06 = Other Government 07 = Other Indigent 08 = Self Pay 09 = Other Payer <p><u>Type of Coverage</u> – 1 digit – numeric</p> <ul style="list-style-type: none"> 1 = Managed Care – Knox-Keene or Medi-Cal County Organized Health System 2 = Managed Care – Other 3 = Traditional Coverage <p><u>Plan Code Number</u> – 4 digit – numeric</p> <p>Refer to the table of Plan Code Names and Plan Code Numbers effective for the reporting period.</p> | <p><u>Expected Source of Payment</u> – 2 digits – alphanumeric</p> <p>(All codes and descriptions are different from IP.)</p> <p>(National standards from 837 Institutional, 837 Professional, and 837 Health Care Service: Data Reporting Guide)</p> <ul style="list-style-type: none"> 09 = Self Pay 11 = Other Non-federal programs 12 = Preferred Provider Organization (PPO) 13 = Point of Service (POS) 14 = Exclusive Provider Organization (EPO) 16 = Health Maintenance Organization (HMO) Medicare Risk AM = Automobile Medical BL = Blue Cross/Blue Shield CH = CHAMPUS (TRICARE) CI = Commercial Insurance Company DS = Disability HM = Health Maintenance Organization MA = Medicare Part A MB = Medicare Part B MC = Medicaid (Medi-Cal) OF = Other federal program TV = Title V VA = Veterans Affairs Plan WC = Workers' Compensation Health Claim 00 = Other (report to OSHPD if none of the above apply) |

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| Inpatient Data Format (MIRCal System) | ED and AS Data Format (MIRCal System) |
|--|--|
| Fixed-length layout for file incoming submission | Fixed length layout for file incoming submission |
| File Format – 520 spaces | File Format – 382 spaces |
| Number of data elements – 26 | Number of data elements - 17 |